# PATENT APPLICATION FEE DETERMINATION RECORD
### Effective October 1, 2000

**Application or Docket Number**

09/910608

## CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---|---|
| TOTAL CLAIMS | 20 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 34 minus 20= | * 14 |
| INDEPENDENT CLAIMS | 2 minus 3 = | * 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | ☒ |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY TYPE** ☐ **OR OTHER THAN SMALL ENTITY**

| RATE | FEE | | RATE | FEE |
|---|---|---|---|---|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X$ 9= | 126.00 | OR | X$18= | |
| X40= | | OR | X80= | |
| +135= | 135.00 | OR | +270= | |
| TOTAL | 616.00 | OR | TOTAL | |

## CLAIMS AS AMENDED - PART II

**AMENDMENT A**

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

**SMALL ENTITY OR OTHER THAN SMALL ENTITY**

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---|---|---|---|---|
| X$ 9= | | OR | X$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

**AMENDMENT B**

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---|---|---|---|---|
| X$ 9= | | OR | X$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

**AMENDMENT C**

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---|---|---|---|---|
| X$ 9= | | OR | X$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

\* If the entry in column 1 is less than the entry in column 2; write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

# NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application-Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

203 = 126 — owned
117 — paid

☐  A. Filing Fees due upon filing the application

Total Filing Fees Due                = $ _9_  ⟵⟶

Less Filing Fees Submitted           = $( _4_ ) ⟵⟶ 197

BALANCE DUE                          = $ _5_


☐  B. Fees due in connection with the amendment filed on _____

Total Fees Due                       = $ _____

Less Fees Submitted                  = $( _____ )

BALANCE DUE                          = $ _____


ATTACHMENT: FORM PTO-875

_____
Clerk of Group

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APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT

Fee submitted $ _____          Signature _____

## CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fees are being deposited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to Commissioner of Patents and Trademarks, Washington, D.C. 20231, on (date) _____

Print Name: _____          Signature: _____

PTOL-11X (Rev. 7-82)

**NOTICE OF FEE DUE**

DATE: _1/15/02_

TO: _03CO_

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER: _09/910,608_

A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

☑ Insufficient fee by check

☐ Insufficient funds in deposit account

☐ Declined credit card

☐ Non authorization for charge to deposit account

☐ No fee submitted per requirement

The correct fee code: _203_          amount          $ _9_

The suspended fee code: 197          amount          - $ _4_

Fee Due          amount          = $ _5_

If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.

Terminal Operator _____

# NOTICE OF PARTIAL FEE / FEE DUE

Date: _9/14/01_

To: _James Lehman_

From: _RAM Team, Office of Initial Patent Examination,_

Subject: Fee Due

Application Number _09/910608_

The attached document was submitted with an insufficient fee. The Office of Initial Patent Examination has posted the fee submitted to the suspended fee code, 197. Please check the application for the appropriate authorization to charge a deposit account. If present, delivery a copy of the authorization, this form and the applicants submission to the Office of Initial Patent Examination, RAM Team, CP2-6C12. If an authorization is not present, notify the applicant of the fee deficiency.

The correct fee, code: ___103___ amount $ ___126.00___
                        ___104___              ___135.00___

The suspended fee code: 197 amount - $ ___355.00___

Fee due amount = $ ___261.00___

It is the Group's responsibility to collect the balance of the fee due and ensure that the total fee is posted to the correct fee code upon receipt of the balance due before providing the requested service.

Please direct any questions you may have to Joyce Gunter-Warren at 308-3616.

_____

FORM OIPE-RAM-02 (Rev. 5/97)